

| REPORTS INVENTORY | | | | | CONTROL NO. | |
|---|---|--------------------------------|------------------|---|--|---|
| PREPARE IN DUPLICATE | | | | | OMS-5 | |
| 1. TITLE OF REPORT (If a fill-in report include Form No.) | | | | | 2. TYPE OF REPORT | <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING |
| Monthly Field Medical Report | | | | | | |
| 3. FUNCTIONAL AREA | PERSONNEL | | TRAINING | | ADMIN. GENERAL | |
| | LOGISTICS | | SECURITY | | OTHER (specify) | |
| | <input checked="" type="checkbox"/> MEDICAL | FINANCE | | | | |
| 4. NO. OF COPIES PREPARED | 5. FREQUENCY (weekly, monthly, quarterly, etc.) | | | | 6. DISTRIBUTION (No. of components not number of copies) | |
| 5 | Monthly | | | | 1. OMS 2. Operating Divisi | |
| 7. FORMAT (memorandum, form computer print-out, etc) | 8. ADP PROCESSING | | | 9. DIRECTIVE AUTHORITY REQUIRING REPORT | | |
| Memorandum | <input checked="" type="checkbox"/> YES | IF YES GIVE ADP PROCESSING NO. | | Specific Letters of Instructio | | |
| 10. PREPARING COMPONENT (include lowest level contributing information to report) | | | | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) | | |
| Field Medical Office | | | | Reports are received monthly from eleven (11) Field Medical Offices | | |
| 12. COST FACTORS | | | | | | |
| A. MANUAL PREPARATION AND REVIEW COSTS | | | | | | |
| GRADE | HOURLY RATE | X | HOURS PER REPORT | = | COST PER REPORT | X TIMES PREPARED = COST PER YEAR |
| GS-11 | 6.50 | | 3 | | 19.50 | 12 234 |
| GS-06 | 4.00 | | 1 | | 4.00 | 12 36 |
| | | | | | | 270 x 11 = \$2,970 |
| B. COSTS OF COMPUTER PRODUCED REPORTS | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL COSTS PER YEAR | | | | | | |

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Field medical reports are essential in order to keep Hqs/OMS advised of the nature and extent of their activities and to provide key information for Hqs direction of field medical activities.

| Report No. | Report Title | Category | Frequency | \$ | Action Taken | Average Reduction |
|------------|------------------------------|----------|-----------|----------|--|-------------------|
| 0115 5 | Monthly Field Medical Report | 1 | Monthly | 2,970.00 | Change To Quarterly 247.50 per mo. \$ 84 990.00 | \$ 1,980.00 |